MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)

SERIAL NO. FILING DATE

101574, 566 H-H-CK
APPLICANT(S)

AFTER

2 ad AMENDMENT

IND. DEP.

CLAIMS

4	ASF	AS FILED		AFTER 1"AMENDMENT		AFTER 2 MAMENDMENT			AS FILED		AFTER 1*AMENDMENT	
	IND.	DEP.	IND.	DEP.		DEP.			IND.	DEP.	IND.	
1							j	51				
2							l	52				
3							ĺ	53				
5	- <i> </i>				<u> </u>	ļ	l	54				~
6								55 56				
7								57				
8								58				
9								59				
10								60				
11 12								61				
13								62				
14	l							63 64			 	
15								65				
16								66				
17								67				
18			·					68				
19								69				
20								70				
21 22								71				
23								72 73				
24								74				
25							,	75				
26								76				
27								77				
28								78				
29								79				
30 31								80				
32							1	81 82				
33								83				
34							I	84				
35							j	85				
36							i	86				
37								87				
38 39							I	88				
40							1	89	<u>_</u>			
41							1	90				
42			\longrightarrow				1	91 92				
43							- 1	93		-	-	
44								94				
45							t	95				
46								96				
47								97				
48 49							L	98				
50							ŀ	99				
TOTAL	5	╼┵						100 TOTAL				
IND.	3	₩ [22	▼		₩	- 1	IND.		₩		1
TOTAL DEP.	/	4		+		+	ľ	TOTAL DEP.		← 「		4
TOTAL	W/ 1					die Ve	ľ	TOTAL CLAIMS				
CLAIMS	/- II	10.500000000000000000000000000000000000										